

Appendix A: System Occurrence Report Form

\*\*\*CONFIDENTIAL MATERIAL – ATTORNEY/CLIENT PRIVILEGED\*\*\*

PATIENT CARE MANAGEMENT  
 INDICATOR/OCCURRENCE REVIEW  
 Admission Diagnosis: \_\_\_\_\_  
 MR#: \_\_\_\_\_ Dism. Date: \_\_\_\_\_  
 PCC Reviewer: \_\_\_\_\_

Patient Sticker

Indicator/Occurrence	Dept.	Responsible department or Staff member
Work-up: Delay or omitted procedure (i.e. failure to order echo, failure to give prep, etc.)		
Monitoring: Abnormal patient occurrence due to insufficient monitoring (i.e. unplanned extubation)		
Abnormal Labs: Delay or omission of laboratory workups (i.e. delay in notification of abnormal lab results, omitted lab orders, etc.)		
Medications: Delay or inappropriate medication administration (i.e. Failure to follow five rights of medication administration: route, dose, drug, time, patient)		
Treatments: Delay or inappropriate treatment given (i.e. Wound care orders not followed, physical therapy not initiated or delayed, etc.)		
Documentation: Lack of documentation (i.e. Dr.'s orders, verbal orders, pt. education, discharge planning, etc.)		
Other: Any system occurrence that does not fall into the other categories listed.		

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SYSTEM REVIEW:**

- \_\_\_\_\_ Appropriate patient care management (No action required).
- \_\_\_\_\_ Acceptable patient care management, opinions may vary among practitioners.

Requires \_\_\_\_\_ Patient care management: Marginal deviation from standard of care.  
 Action \_\_\_\_\_ Patient care management: Significant deviation from standard of care.

**ACTION:** \_\_\_\_\_ Discuss with/letter to appropriate nurse/ancillary staff member/physician  
 \_\_\_\_\_ Refer to \_\_\_\_\_ for second review

**COMMENT:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Nurse Signature: \_\_\_\_\_  
 Ancillary staff signature: \_\_\_\_\_  
 Physician signature: \_\_\_\_\_

